SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _149_

Registered No. _____

1. PLACE OF BIRTH

County _Gila_   State _____

District or Township _____   or Village _____

City _Payson_   No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Powers_   { If child is not yet named, make supplemental report, as directed.

| 3. Sex of Child _Girl_ | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 6. Legitimate? _Yes_ | 7. Date of birth _July 16 28_ |
| | | 5. No., in order of birth _2 w_ | | Month Day Year |

8. FATHER	14. MOTHER
Full name _Riley Powers_	Full maiden name _Lillie E. Bruer_
9. Residence (Usual place of abode) _Payson Ariz_ If non-resident, give place and state.	15. Residence (Usual place of abode) _Payson Ariz_ If non-resident, give place and state.
10. Color or race _W_ 11. Age at last birthday _56_ (Years)	16. Color or race _W_ 17. Age at last birthday _45_ (Years)
12. Birthplace (city or place) _Arkansas_ (State or country)	18. Birthplace (city or place) _Kansas_ (State or country)
13. Occupation Nature of industry _Laborer_	19. Occupation Nature of industry _Housewife_

20. Number of children of this mother _2_
(Taken as of time of birth of child herein certified and including this child.)

{ (a) Born alive and now living _1_
{ (b) Born alive but now dead _1_
{ (c) Stillborn _0_

21. Were precautions taken against ophthalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _born alive_ at _3 a_ m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _C A Risser m.d._

(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year

Address _Payson Ariz_

C A Risser

Filed _____, 19___

Registrar _____   Registrar _____

572-716-325